Effective October 1, 2000 6902-82887												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER I	FILED	NUMBER EXTRA			BASIC FEE	355.00	OR.	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			min	us 20=				X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ mii	nus 3 =	*	* Ø		X40=		1	X80=	
ML	JLTIPLE DEPEN	DENT CLAIM P					·	 	OR			
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	+135=		OR	+270=	
CLAIMS AS AMENDED - PART II								TOTAL	L	OR	TOTAL	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	1/4 # \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	CLAIMS REMAINING AFTER AMENDMENT	100 mm	HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 24	Minus	** 2	0	= 17		X\$ 9=	36	OR	X\$18=	
	Independent	* 3	Minus	*** .≾	<u> </u>	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	, VLTIPLE DEF	ENDEN	CLAIM		ا ا	+135=		OR	+270=	
						ï	ρi	- TOTAL	36	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)		יייייייייייייייייייייייייייייייייייייי			ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	- OL AUA	=	$\ \ $	X40=		OR	X80=	
	THOTTHESE	NTATION OF MIC	JETIPLE DEP	ENDENT	CLAIM		'	+135=		OR	+270=	
	TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\prod	X\$ 9=		OR	X\$18=	
	Independent	* N.T. T. O. V. O. T. V.	Minus	***		=		X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ON											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE	
	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	ent) is the	highest numbe	r foun	id in the ap	propriate box	in col	umn 1.	

Application or Docket Number